ASC X12N/005010X221 HEALTH CARE CLAIM INSTITUTIONAL (837)

This Addendum to the Companion Guide is intended as an addition to the ASCX12 Implementation Guides adopted under HIPAA to clarify and specify situational data elements and plan-specific values that must be included in transactions that are transmitted electronically to South Dakota Medical Assistance (SDMA). Transactions based on the information contained in this document, used in tandem with the X12 Implementation Guides, will help ensure compliance with both X12 syntax and usage.

Loop ID	Reference	Name	Codes	Length	Notes/Comments
None	GS	Functional Group Header			
None	GS08	Version / Release	005010X223A2		South Dakota Medical Assistance (SDMA) Program will only support Health Care Claim Institutional transactions that incorporate the changes identified in the addenda published June 2010, modifying the transactions that were originally published as 005010X223 published May 2006.
1000B	NM1	Receiver Name			This loop indicates the identity of the entity to which you are submitting electronic transactions.
1000B	NM109	Receiver Primary Identifier	SD48MED		All transactions must contain the ID “SD48MED” to identify SDMA as the claim receiver. Any transaction received without this ID will be rejected.
2000A	PRV01	Billing Pay-to Provider Specialty information	BI		Code "BI" in Loop 2000A-PRV01 is required and you must complete the Billing Provider field (2010AA). This loop shall only be used when the billing and rendering providers have the same taxonomy. Use loop 2310B if the billing and rendering taxonomies are different.
2000A	PRV02	Reference Identification Qualifier	PXC		PXC is used to indicate the “Health Care Provider Taxonomy” code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com. This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.
2000A	PRV03	Reference Identification			Provider Taxonomy Code
2010AA	NM1	Billing Provider Name			This loop is required. It identifies the billing entity. The billing entity does not have to be a health care provider.
2010AA	NM108	Identification Code Qualifier	XX		The Identification Code Qualifier must equal XX.

2010AA	NM109	Billing Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
2010AA	N4	BILLING PROVIDER CITY/STATE/ZIP CODE			Nine byte ZIPcode is required (no hyphens).
2010AB	N4	Pay-to PROVIDER CITY/STATE/ZIP CODE			Nine byte ZIPcode is required (no hyphens).
2000B	HL	Subscriber Level			This loop identifies the individual Subscriber (SD Medicaid recipient) receiving services.
2000B	HL04	Hierarchical Child Code	0		The system does not support claims at the dependent level. These claims will be denied.
2000B	SBR	Subscriber Information			This loop identifies the individual Subscriber (SD Medicaid Recipient) receiving services.
2000B	SBR09	Claim Filing Indicator Code	MC		MC (Medicaid) is required.
2010BA	NM1	Subscriber Name			This loop identifies the full name of the individual Subscriber (SD Medicaid Recipient) receiving services.
2010BA	NM108	Identification Code Qualifier	MI		MI=Member Identification Number (South Dakota Medicaid Recipient ID) is required.
2010BA	NM109	Subscriber Primary Identifier			This element should contain the South Dakota Medicaid Recipient ID assigned to each recipient known to SDMA.
2010BB	NM1	Payer Name			This loop identifies the Payer Information
2010BB	NM108	Identification Code Qualifier	PI		Identification Code must= PI (Payer Identification)
2010BB	NM109	Payer Identifier	SD48MED		All transactions should contain the ID “SD48MED” to identify SDMA as the payer. Any transaction received without this ID will be denied.

2300	AMT	Patient Estimated Amount Due			
2300	AMT01	Amount Qualifer Code	F3		Patient Responsibility--Estimated
2300	AMT02	Monetary Amount			Patient Responsibility Amount – If submitted for Nursing Home claims this must match the cost share amount that Medical Services has on record for the patient.
2310E	NM1	Service Facility Name			This loop contains the servicing facility identifying information
2310E	NM108	Identification Code Qualifier	XX		The Identification Code Qualifier must equal XX.
2310E	NM109	Service Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI)
2310E	N4	Service PROVIDER CITY/STATE/ZIP CODE			Nine byte ZIPcode is required (no hyphens).
2310F	NM1	Referring Provider Name			If the patient's primary care provider (PCP) has not been reported as either the attending or operating provider on this claim report the primary care provider here.
2310F	NM102	Entity Type Qualifier	1		Entity Type Qualifier must equal "1"--Person
2310F	NM103	Provider First Name			If reporting a facility PCP populate with "GROUP".
2310F	NM104	Provider Last Name			If reporting a facility PCP populate with the PCP facility's name.
2310F	NM108	Identification Code Qualifier	XX		The Identification Code Qualifier must equal XX.
2310F	NM109	Referring Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI)
2320	CAS	Claim Level Adjustments			This loop contains information about paying and other Insurance Carriers for that Subscriber (SD Medicaid Recipient), Subscriber of the other Insurance Carriers, School or Employer Information for that Subscriber.

2320	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code			Medicare crossover claims must report the co-insurance, deductible, and psych deductible amounts for proper pricing by SDMA. 1. Medicare deductible should be reported using this code. 2. Medicare co-insurance should be reported using this code. 122. Medicare psych deductible should be reported using this code.
2400	SV2	Institutional Service Line			This loop contains information about the rendering, referring or attending provider on a service line level. These segments override the information in the claim-level segments if the entity identifier codes in each NM1 segment are the same.
2400	SV202-1	Product or Service ID Qualifier	HC		Product/Service ID Qualifier codes must equal HC. SDMA uses the Health Care Financing Administration Common Procedural Coding System (HCPCS) codes.
2430	CAS	Line Level Adjustments			This loop is to convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers.
2430	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code			Medicare crossover claims must report the co-insurance, deductible, and psych deductible amounts for proper pricing by SDMA. 1. Medicare deductible should be reported using this code. 2. Medicare co-insurance should be reported using this code. 122. Medicare psych deductible should be reported using this code.